

U.S.C.A. - 7th Circuit
RECEIVED

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AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS
United States Court of Appeals
for the Seventh CircuitGINO J. AGNELLO
CLERKJeffrey Lathamv. Case No. 08-1911Joseph Burke et al.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:

Jeffrey Latham

-) Appeal from the United States District Court for the NORTHERN District of ILLINOIS
-) District Court No. 08CV303
-) District Court Judge Holderman

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: MAY 8TH 2008

FILED

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month		U.S.C.A. - 7th Circuit FILED
	You	Spouse	You	Spouse	
Employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Self-employment	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Income from real property (such as rental income)	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Interest and dividends	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Gifts	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Ajimony	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Child support	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Unemployment payments	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Public-assistance (such as welfare)	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Other (specify):	\$ N/A	\$ N/A	\$ N/A	\$ N/A	
Total monthly income:	\$ N/A	\$ N/A	\$ N/A	\$ N/A	

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CLERK U.S. DISTRICT COURT

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GINO J. AGNELLO
CLERK

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>Shelbyville Corp Center P.O. Box 112</u>	<u>Shelby IL</u>		<u>\$30</u>

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>NA</u>	<u>NA</u>	<u>NA</u> Make & year: <u>NA</u>
		Model: _____
		Registration #: _____
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
<u>NA</u> Make & year: <u>NA</u>	<u>NA</u>	<u>NA</u>
Model: _____		
Registration #: _____		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
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<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
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7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
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<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ <i>N/A</i>	\$ <i>N/A</i>
Are real estate taxes included? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No		
Is property insurance included? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <i>N/A</i>	\$ <i>N/A</i>
Home maintenance (repairs and upkeep)	\$ <i>N/A</i>	\$ <i>N/A</i>
Food	\$ <i>N/A</i>	\$ <i>N/A</i>
Clothing	\$ <i>N/A</i>	\$ <i>N/A</i>
Laundry and dry-cleaning	\$ <i>N/A</i>	\$ <i>N/A</i>
Medical and dental expenses	\$ <i>N/A</i>	\$ <i>N/A</i>
Transportation (not including motor vehicle expenses)	\$ <i>N/A</i>	\$ <i>N/A</i>
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>N/A</i>	\$ <i>N/A</i>
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$ <i>N/A</i>	\$ <i>N/A</i>

Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor vehicle	\$ _____	\$ _____
Other: <u>N/A</u>	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ _____	\$ _____
Installment payments	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit card (name): <u>N/A</u>	\$ _____	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detail)	\$ _____	\$ _____
Other (specify): <u>N/A</u>	\$ _____	\$ _____
Total monthly expenses:	\$ _____	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[] Yes [] No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

[] Yes [] No If yes, how much? \$ N/A

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid or will you be paying anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes [] No If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

P.O. Box 1700 Galesburg Illinois
600 Pinewood Rd 61401

Your daytime phone number: (____) _____

Your age: 47 Your years of schooling: Pre
2nd

Your social-security number: 327-35-4052

Date : 4/23/2008

Time : 13:28:06

CHAMP

Hill Correctional Center**Trust Fund****Inmate Transaction Statement**

11/1/2007 to 4/23/2008

Page 1 of 1

Inmate: B30158 Latham, Jeffrey**Housing Unit: HIL-R3-C -78**

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
						Beginning Balance:	0.01
11/16/07	Payroll	20 Payroll Adjustment	320179		P/R month of 10/2007	15.00	15.01
11/21/07	Point of Sale	60 Commissary	325705	414560	Commissary	-14.88	.13
12/13/07	Payroll	20 Payroll Adjustment	347179		P/R month of 11/2007	15.00	15.13
12/18/07	Point of Sale	60 Commissary	352705	416853	Commissary	-13.36	1.77
12/19/07	Mail Room	01 MO/Checks (Not Held)	363215	2020164884	Evans, Thelma	20.00	21.77
12/31/07	Mail Room	01 MO/Checks (Not Held)	365215	652745	House, Roslyn	25.00	46.77
01/07/08	Point of Sale	60 Commissary	007705	418629	Commissary	-46.14	.63
01/11/08	Payroll	20 Payroll Adjustment	011179		P/R month of 12/2007	15.00	15.63
01/17/08	Disbursements	81 Legal Postage	017363	Chk #96924	01-08-08, DOC: 523 Fund Inmate, Inv. Date: 01/08/2008	-9.20	6.43
01/17/08	Disbursements	80 Postage	017363	Chk #96924	01-04-08, DOC: 523 Fund Inmate, Inv. Date: 01/04/2008	-.49	5.94
01/17/08	Disbursements	90 Medical Co-Pay	017363	Chk #96924	01-15-08, DOC: 523 Fund Inmate, Inv. Date: 01/15/2008	-2.00	3.94
02/15/08	Payroll	20 Payroll Adjustment	046179		P/R month of 01/2008	15.00	18.94
02/19/08	Disbursements	84 Library	050363	Chk #96161	01-16-08, IDOC Central IBF, Inv. Date: 01/16/2008	-9.00	9.94
02/19/08	Disbursements	81 Legal Postage	050363	Chk #96170	02-01-08, DOC: 523 Fund Inmate, Inv. Date: 02/01/2008	-.97	8.97
02/19/08	Disbursements	81 Legal Postage	050363	Chk #96170	01-23-08, DOC: 523 Fund Inmate, Inv. Date: 01/23/2008	-1.31	7.66
02/26/08	Point of Sale	60 Commissary	057724	422458	Commissary	-7.48	.18
03/01/08	Mail Room	01 MO/Checks (Not Held)	061215	2020002797	Evans, Thelma	20.00	20.18
03/12/08	Point of Sale	60 Commissary	072721	424013	Commissary	-19.42	.76
03/12/08	Payroll	20 Payroll Adjustment	072179		P/R month of 02/2008	15.00	15.76
03/17/08	Disbursements	80 Postage	077363	Chk #96527	03-04-08, DOC: 523 Fund Inmate, Inv. Date: 03/04/2008	-.49	15.27
03/19/08	Mail Room	01 MO/Checks (Not Held)	079215	1190554	Duckworth, Shanae	50.00	65.27
03/19/08	Mail Room	01 MO/Checks (Not Held)	079215	1190553	Duckworth, Shanae	50.00	115.27
03/25/08	Mail Room	01 MO/Checks (Not Held)	085215	078965	House, Michelle	25.00	140.27
03/25/08	Point of Sale	60 Commissary	085724	425502	Commissary	-106.22	34.05
03/25/08	Point of Sale	60 Commissary	085724	425504	Commissary	-1.89	32.16
04/09/08	Payroll	20 Payroll Adjustment	100179		P/R month of 03/2008	15.00	47.16
04/17/08	Disbursements	84 Library	108363	Chk #96863	04-14-08, IDOC Central IBF, Inv. Date: 04/14/2008	-.70	46.46
04/17/08	Disbursements	81 Legal Postage	108363	Chk #96876	04-08-08, DOC: 523 Fund Inmate, Inv. Date: 04/08/2008	-.17	46.29

Total Inmate Funds:	46.29
Less Funds Held For Orders:	.00
Less Funds Restricted:	.00
Funds Available:	46.29
Total Furloughs:	.00
Total Voluntary Restitutions:	.00

IN THE
United States District Court
7th District of Illinois
Northern Division

Jeffery Latham

Plaintiff,

v.

Joseph Burke et al

Defendant

) Case No. 08 CV 303

PROOF/CERTIFICATE OF SERVICE

TO: United States District Court TO:

Northern District of Illinois
219 Dearborn Street
Chicago IL 60604

PLEASE TAKE NOTICE that on MAY 8th, 2008, I have placed the documents listed below in the institutional mail at BILL Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service:

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/109, I declare, under penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: 5-8-08

Jeff Latham
NAME: Jeffery Latham
IDOC#: B30158
BILL Correctional Center
P.O. BOX 1700
Galesburg, IL 61401